4. MAILING ADDRESS (INCLUDE LAW FRM NAME, IF APPLICABLE) COAKIAND City Attorney's Office 1 Frank H. Ogawa Plaza, 6th Floor Oakland, CA 94612 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)— IFTR Debra Pas 9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is reques a. HEARING(S) (OR PORTIONS OF HEARINGS) PORTION OATE DATE DATE DATE DATE DATE DATE DATE D	4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) CARRIAN CITY Attorney'S Office 1 Frank H. Ogawa Plaza, 6th Floor Oakland, CA 94612 7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)— II FTR Debra Pas 9. TRANSCRIPT(S) REQUESTED (Specify portlon(s) and date(s) of proceeding(s) for which transcript is reque a. HEARING(S) (OR PORTIONS OF HEARINGS) DATE DATE JUDGE CASE NAME Allen, et. O APPEAL Debra Pas 1 TYPE (Includes of PORTION of PORT	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORN CAND 435 (CAND Rev. 08/2018) 1a. CONTACT PERSON FOR THIS ORDER Elizabeth Ferrel 1b. ATTORNEY NAME (if different)	UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018) a. CONTACT PERSON FOR THIS ORDER Elizabeth Ferrel b. ATTORNEY NAME (if different)	IFORNIA RDER	22 (1)	Please use one for CA counsel please read instract PHONE NUMBER (510) 238-3445 25. ATTORNEY PHONE NUMBER (510) 236 7506	TRANSCRIPT ORDER se use one form per count A counsel please use Forn ase read instructions on a tone Number 3445	CRIPT (form pe	Se Se	ORDER er court reporte se Form CJA24 is on next page	TRANSCRIPT ORDER Please use one form per court reporter. CA counsel please use Form CA24 Please read instructions on next page. ST PHONE NUMBER 38-3445 LEY PHONE NUMBER OF TEOR	ω ω	ω ω	ω ω	3. CONTACT EMAIL ADDRESS eferrel@oaklandcityat	ω ω
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